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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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Office Use Only



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SCORE DAY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: OJS Properties Name of corporati	CD. INC.
Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f	or Authorization to Transact Business in Florida "
"Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
JUSTIN G. CERRA Name	<i>7</i> 0
Name	of Person
HATHAWAY & R	EVALUE DS P.A.
Firm/C	ompany Fig 5
50 ALA NORTH, SVITE	dress
Pause Veras Reach	FL 32082
City/State	e and Zip code
PONTE VENNA BEACH, City/State Justin. cervato @ pv E-mail address: (to be use	title com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	
Name of Person at (902) Area C	f <u>373-3174</u>
Name of Person Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 Tallahassee, FL 32314
2661 Executive Center Circle Tallahassee, FL 32301	Tallallassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy
	Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) HATHAWAY & REYNOLDS, P.A.

50 ALA MORTH SUITE 108

PONTE VEDRA BEACH, Florida 32082

(City) (Zip code) Name: Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. JUSTIN G. CERRATO

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

1 1

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman;	
Address:	
Vice Chairman:	
Address:	
Director:	三共 5
Address:	
Director:	
Address:	
	以后 二
B. OFFICERS	
President: Jose Jan 765	
Address: 564 Hawkins Road	
Selden, NY 11784	
w m v San the	
Address: 564 Howkins Road	
Sand Alac - But	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing at	dditional officers and/or directors.
2. Signalure of Director or Officer	
Signalure of Director or Officer	
The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	ibove) affirms that the facts stated herein
Time Court	
(Typed or printed name and capacity of person signing	gapplication)

State of New York **} ss: Department of State**

I hereby certify, that the Certificate of Incorporation of OJS PROPERTIES CO. INC. was filed on 02/04/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two. thousand and sixteen.

Cotating Siardina

Executive Deputy Secretary of State